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**Harley-Davidson and Alpha Phi Alpha MSF Graduate Form (10 Points\*)**

Name (first): \_\_\_\_\_ (last): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Alpha Phi Alpha Region: \_\_\_\_\_ Chapter Name: \_\_\_\_\_

MSF Graduation Date: \_\_\_\_\_ MSF Completion Card Number: \_\_\_\_\_

Remit to: Alpha Phi Alpha - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**NOTE: Please, include a copy of your MSF Graduation Card.**

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**\*Graduation from the Motorcycle Safety Foundation (MSF) Beginner RiderCourse or Harley-Davidson's Rider's Edge New Rider Course within the perimeters of the following requirements qualifies Alpha Phi Alpha Participants for 10 points in the Terms and Conditions of the Harley-Davidson and Alpha Phi Alpha program agreement.**

Only MSF Beginner RiderCourse or Rider's Edge New Rider Course graduates qualify.

Copy of MSF Graduation Card is required for qualification.

The name on this form must match the name on the MSF Graduation Card.

MSF Graduation must occur between May 15 and November 1, 2010.

*Please retain a copy of this form for your records*

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## Harley-Davidson and Alpha Phi Alpha Motorcycle Purchase Form (400 Points\*)

Name (first): \_\_\_\_\_ (last): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Alpha Phi Alpha Region: \_\_\_\_\_ Chapter Name: \_\_\_\_\_

Vehicle Purchase Date: \_\_\_\_\_ VIN Number: \_\_\_\_\_

**Remit to:** Alpha Phi Alpha - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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**\*Purchase of any NEW Harley-Davidson motorcycle within the perimeters of the following requirements qualifies Alpha Phi Alpha Participants for 400 points in the Terms and Conditions of the Harley-Davidson and Alpha Phi Alpha program agreement.**

Only purchases of NEW Harley-Davidson motorcycle purchases from a certified Harley-Davidson dealer qualify.

The name on this form must match the name of the primary owner on the title of the motorcycle in the Harley-Davidson database.

New motorcycle purchase must occur between May 15 and November 1, 2010.

*Please retain a copy of this form for your records*

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**Harley-Davidson and Alpha Phi Alpha H.O.G. Renewal Form (10 Points\*)**

Name (first): \_\_\_\_\_ (last): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Alpha Phi Alpha Region: \_\_\_\_\_ Chapter Name: \_\_\_\_\_

H.O.G. Membership #: \_\_\_\_\_ Date of H.O.G. Renewal: \_\_\_\_\_

**Remit to:** Alpha Phi Alpha - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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**Purchase of Harley Owners Group (H.O.G.) membership RENEWAL within the perimeters of the following requirements qualifies Alpha Phi Alpha Participants for 10 points in the Terms and Conditions of the Harley-Davidson and Alpha Phi Alpha program agreement.**

The name and H.O.G. number on this form must match the name of the H.O.G. member and H.O.G. member number in the Harley-Davidson database.

H.O.G. membership renewal must occur between May 15 and November 1, 2010.

*Please retain a copy of this form for your records*

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## Harley-Davidson and Alpha Phi Alpha Event Attendance Form (2 Points\*)

Name (first): \_\_\_\_\_ (last): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Alpha Phi Alpha Region: \_\_\_\_\_ Chapter Name: \_\_\_\_\_

Alpha Phi Alpha H-D Event Date: \_\_\_\_\_ APA Event Dealer Host: \_\_\_\_\_

**Remit to:** Alpha Phi Alpha - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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**Attendance at a Harley-Davidson hosted Alpha Phi Alpha Event within the perimeters of the following requirements qualifies Alpha Phi Alpha Participants for 2 points in the Terms and Conditions of the Harley-Davidson and Alpha Phi Alpha program agreement.**

The event must qualify as a certified Harley-Davidson hosted Alpha Phi Alpha Event.

Event and event attendance must occur between May 15 and November 1, 2010.

*Please retain a copy of this form for your records*

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